

**International Workshop on In-Situ Resource Utilization
Conference-Workshop
August 15-17, 2006**

**Please mail to the following address or FAX to 216-433-3793
Ms. Cynthia Rosenberger
NCSEER/GRC
21000 Brookpark Road, MS 110-3
Cleveland, OH 44135**

Government and On-Site Contractor Registration Form

Title (please circle one): Dr. Prof. Mr. Ms. Mrs.

Last Name: _____

First Name: _____ Middle Initial: _____

Position/Title: _____

Affiliation: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Email: _____

Phone: (_____) _____ Fax: (_____) _____

Continental Breakfast and PM Break	August 15, 16, 17	74.70	
Welcome Reception (hors d'oeuvres)	August 15	9.60	
Lunch	August 16	22.50	
Hors d'oeuvres/Dinner	August 16	49.20	
		TOTAL	

Payment Method

Credit Card (circle type): Visa MasterCard

Cardholder's name: Print

Card number: _____ Amount: _____

Signature: _____ Expiration: _____

Date signed: _____

Check/Money Orders:

Please make payable to **USRA**. Checks must be either:

- a)** Drawn on a US bank **b)** International money order (US dollars) **c)** Bank draft on foreign bank with NYC branch